

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



Board of Professional Counseling

**APPLICATION INSTRUCTIONS AND FORMS
TO PRACTICE ADDICTION COUNSELING
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming registered as an Addiction Counselor in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for an Addiction Counseling registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Professional Counseling will review your application. The Board of Professional Counseling meets once each month. Upon final board approval, you will be issued a registration to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

Documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Professional Counseling
825 N. Capitol Street, NE
Suite 2224
Washington, DC 20002

If you have any questions, call HPLA's Customer Service line at 1-877-687-8881, between 8:00 a.m. and 5:00 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required notarization or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures. The Board of Professional Counselors will not review incomplete applications. **Note: The Board of Professional Counselors wants to reiterate that persons submitting applications to practice as an Addiction Counselor are applying for a "REGISTRATION" and not a "LICENSE".**

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a registration to practice addiction counseling in the District of Columbia shall meet the following requirements:

1. Applicant must be at least eighteen (18) years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be registered; and

All applicants must submit the following in order to be considered for registration:

1. A complete and notarized application, including required supporting documents; and
2. Two passport-type photographs of the applicant's face, measuring approximately 1" x 1" with the applicant's name printed on the back. Home snapshots are not acceptable; and
3. Furnish proof that he/she has completed 135 hours of training or education in the following knowledge and skills areas:
 - a. Pharmacology
 - b. Signs and symptoms of alcohol and drug use, dependence and abuse
 - c. Legal, ethical and professional standards
 - d. Modalities for counseling services and treatment of substance use/abuse
 - e. Helping relationship/theories and dynamics of counseling
 - f. Human development/behavior
 - g. Treatment planning
 - h. Evaluation and assessment
 - i. Crisis intervention
 - j. Working with families
 - k. Case management and record keeping
 - l. Experimental learning situation; AND
4. Has obtained the equivalent of one year full-time experience (1,500 hours) providing direct, supervised addiction counseling services to persons with the primary problem of alcoholism or other drug addictions OR
5. Holds a current and valid certificate as an addiction counselor from a regulatory board in another jurisdiction of the United States, the Washington Metropolitan Area Addictions Counselors Credentialing Board or its successor, the D.C. Certification Board/Alcohol and Other Drugs of Abuse or its successor, or the National Association of Alcoholism and Drug Abuse Counselors or its successor.
6. Supervised Experience

An applicant must furnish that he/she has completed one year of full-time experience (1,500 hours) in substance abuse counseling. An applicant may submit a signed statement from a supervisor who supervised the applicant during that period, providing the location, date and counseling experience.

COMPLETING THE LICENSE APPLICATION

Section 1. Requested Registration Type / Fees

- a. The two methods for becoming registered in the District of Columbia are outlined below. Check the correct requested registration box in section one of the new license application. The requested license type abbreviation for each origin is listed on the fee matrix below.

Other (O)	Submission of the appropriate documents showing the necessary training and experience requirements are attained and meet other requirements.
Endorsement (N)	Hold a registration/license in good standing in another state or territory of the United State with standards, which are comparable to DC's requirements.

- b. One registration type is available under the Board of Professional Counseling. The abbreviation and description for the registration type for which you are applying is provided in section one of the new license on the application:

ADD – Addiction Counselor

- c. No specialties are available under the Board of Professional Counseling.
- d. Should you need to obtain additional copies of your registration to comply with laws and regulations pertaining to displaying your registration at each office where you conduct business, you may order duplicate registrations (for \$26 fee each, etc.). Mark the “duplicate registration” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- e. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to Promissor and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

Registration Type	Application Method	Application Fee*	License Fee	Total Due**
ADD	Other (O)	\$65	\$111	\$176
ADD	Endorsement (N)	\$65	\$111	\$176

NOTES:

* The application portion of the fee is **NOT** refundable.

The **Total Due amount is the fee that must be paid for your DC registration request to be processed. Your new license fee includes one new registration print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

DC Addiction Counselor registrations expire on December 31 of even numbered years. Your initial registration will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your registration. Upon completion of the renewal questionnaire and payment of the renewal fee, your registration will be renewed for a two-year period. The Board does not require Continuing Educational Units (CEU'S) credits for renewal. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2. Applicant Name / Demographic Information

Enter your name exactly as it should appear on the license. Pursuant to D.C. Code Section 2-3305.5(b) 2001 (Health Occupations Act), applicants are required to provide a social security number on applications for a professional license. All applicants must be at least 18 years of age.

Section 3. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package or requested to be sent under separate cover to the Board of Professional Counseling.

Place an "X" in the "NO" box for each item that does not apply for the registration type for which you are applying. Keep a photocopy of all supporting documents for your records.

Section 4. Previous Names

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

Sections 5A. & B. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO box, a street address should also be provided.

You are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 5C. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all-future registration licensing documents will be mailed.

Section 6A. Professional Schools Attended

List all colleges, universities and certification boards attended (if applicable) prior to and including schools in reverse chronological order, beginning with the most recent at the top.

Section 6B. Postgraduate Experience

List all experience since graduation from school, in reverse chronological order, beginning with the most recent at the top. Indicate the type of position held.

Section 6C. Professional Licenses In Other States / Jurisdictions

List all states and jurisdictions in which you have ever held a similar professional license/registration in addiction counseling. You must request verification of licensure/registration for all of these licenses, past and/or present. The verification(s) must be returned directly to the DC Board of Professional Counseling by the applicable state board(s).

Section 7. Screening Questions

If you answer "yes" to any of the questions (except question A) please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. Licensee Affidavit

Your application must be notarized; however, it does not need to be notarized in the District of Columbia.

SUMMARY OF APPLICATION REQUIREMENTS

The law governing addiction counseling registration in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing addiction counseling registration licensure are included in *DC Municipal Regulations Title 17, Chapter 73*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DOH/HPLA, Board of Professional Counseling if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.dchealth.dc.gov or call Customer Service at 1-877-687-8881. The forms that make up this package are:

Addiction Counselor, Municipal Regulations
Addiction Counselor, New Registration Application
Addiction Counselor, New Registration Instructions
Clean Hands Form
Addiction Counselor, Supplemental Form of Registration

SUMMARY OF ADDICTION COUNSELING SUBMISSION REQUIREMENTS FOR REGISTRATION

License Type	Application Method	Notarized Application for Registration	Two 1" x 1" Photos	Copy of Certificate of Training	Clean Hands Form	Supplemental Form of Registration	Verification of Licensure from EACH Jurisdiction*	Check or Money Order**
ADD	Other	X	X	X	X	X	X	\$176
ADD	Endorsement	X	X	O	X	O	X	\$176

X = Required
O = Not required

* A verification of licensure from EACH jurisdiction is only required if you are currently licensed or registered to practice addiction counseling in another jurisdiction. **NOTE: The verification(s) must be returned directly to the DC Board of Professional Counselors by the applicable state board(s).** Applicants should check with their states of licensure to find out the fee for completing verification requests. All verifications must be sent regardless if they are active, inactive, or expired.

** MUST be made payable to Promissor.